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Indicator #	Key Indicator	Provider Comment	DDSN Response
A1-03	The Board / Provider has a Human Rights Committee that is composed of a minimum of 5 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed).	Is it sufficient to have another Provider support HRC for an EI agency?	Yes.
A1-04	The Human Rights Committee will provide review of Board / Provider practices to assure that consumer's due process rights are protected. **Guidance states**: "Minutes shall be taken of each meeting and shall reflect the date and time of the meeting, those Committee members present and absent,	Concerns regarding the guidance for required documentation for each meeting (including meeting minutes). **Our current practice**: HRC members attend and participate in psychotropic drug reviews each month. The psychiatrist, pharmacist, and behavior specialist also attend allowing HRC members the opportunity to ask questions directly and raise any concerns they have. (The psychiatrist and pharmacist would not be available at the regular HRC monthly meeting.) This allows medications/medication changes to be reviewed	Please refer to DSN Directive 535-02-DD. This Directive does require bylaws for the conduct and operation of the HRC. These bylaws may address some of the questions. The Directive requires that minutes be taken of each meeting which reflect date/time, HRC members present and absent, discussions, etc.

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	and a record of decisions and recommendations in a manner that readily identifies the issues reviewed, the decisions reached, and the follow-up that is necessary."	immediately facilitating timely implementation of physician's orders. Minutes are not taken at the PDR meetings as there is separate documentation for each individual participating in the review., however, having HRC members actually present during medication reviews and able to interact with the individual, family, doctor, pharmacist, behavior specialist, etc. would seem to effectively meet the intent of HRC reviews. Please note that the psychotropic medication reviews are held separately and on a different date/time from the monthly HRC meeting which reviews BSP, restraints, abuse allegations, and any other item needing review. Minutes are taken at this meeting. **Questions**: What would constitute acceptable documentation of the HRC review of psychotropic medications? Could we take attendance of HRC members at PDR? Are we going to have to start taking formal minutes of PDR? Could a member of HRC read into the HRC monthly meeting minutes HRC members participation in PDR and perhaps attach the schedule of individuals seen? Would this have to be presented again to HRC at the monthly meeting? This seems like a duplication of HRC efforts and increase the time commitments asked of HRC members.	
A1-04	The Human Rights Committee will provide review of Board / Provider practices to assure that consumer's due process rights are protected.	What are the specific things that SCDDSN considers "due process" and what specifically will your be looking at? We want to ensure we have the appropriate documentation.	DDSN Directive 535-02-DD outlines the requirements including what should be presented to the committee (case presentations). Documentation should support compliance with the Directive.

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A1-06	Board / Provider demonstrates usage of the current incident management profile data report to: • evaluate provider specific trends over time • evaluate/explain why the provider specific rate is over, under or at the statewide average • demonstrate systemic actions to prevent future incidents/ allegations.	Please provide guidance regarding how we are to utilize data regarding Therap GER's? We currently look at our data (ANE, CI and Death reporting) annually based on the fiscal year. This has always met the standard in previous reviews. How does this play into "prior 12 month period". We certainly do not have time to meet this requirement and analyze all this data within 48 hours of being notified of a review and have the data reviewed by our various committees. I cannot locate GER information/data on the Portal. Or is just an assurance that the ANE's, CI's and Death reports have corresponding GER's?	As with prior reviews, Alliant will review documentation from the Provider's Risk Management Committee. At the provider level, the Risk Management Committee should review documentation related to ANE, CI, Death Reporting, medication errors, and reporting trends including falls, choking events, sepsis, aspiration, and bowel obstruction. Other trends for injuries and illness should also be reviewed to determine appropriate individual and systemic responses. This information is now available on an ongoing basis through Therap. ANE, CI and Death reports are available through provider reports in R2D2. Providers should not be waiting until right before their review to analyze this information. This information should be reviewed quarterly, per 100-26-DD.
A1-08	The Board/ Provider utilizes an approved curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations.	Does A1-08 apply to Early Intervention providers?	Yes.
A3-14	The Board /Provider employs Early Intervention Staff who meet the minimum education requirements for the position.	Can an official transcript be "emailed" instead of "snail-mailed"?	Yes. The official transcript can be emailed.

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WA-02 R	**The plan includes Waiver service(s) name, frequency of the service(s), amount of service(s), duration of service(s), and valid provider type for service(s).**	When WAD has to review and approve the content of the Plan, those indicators should not be recoupable against the provider. Providers are no longer responsible for the "final" plan as it must be reviewed and APPROVED by SCDDSN. There have been times where we were told something was wrong and it was not. I am sure this was a training curve but if we had changed as proposed, there could have been a problem. Please reconsider this expectation.	Due to the SCDDSN Waiver Administration Division entering plan information, after 10/30/17, SCDDSN will be held responsible for recoupment and citation of this indicator. Please note that this indicator will not be calculated in the provider score. Data will be collected for Waiver Evidentiary Reporting only.
WA-07 R	**The Plan identifies appropriate funding sources for services/interventions.**	When WAD has to review and approve the content of the Plan, those indicators should not be recoupable against the provider. Providers are no longer responsible for the "final" plan as it must be reviewed and APPROVED by SCDDSN. There have been times where we were told something was wrong and it was not. I am sure this was a training curve but if we had changed as proposed, there could have been a problem. Please reconsider this expectation.	Due to the SCDDSN Waiver Administration Division entering plan information, after 10/30/17, SCDDSN will be held responsible for recoupment and citation of this indicator. Please note that this indicator will not be calculated in the provider score. Data will be collected for Waiver Evidentiary Reporting only.
WA-38	Applies to all waivers. Effective 7/1/18, for individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to receive the Freedom of Choice or the Waiver Declination form or to follow the Waiver Non-signature Declination process.	WA 38-40 addresses the new waiver timeline policy. It looks like they could be addressed as one key indicator, not 3.	DDSN has reviewed the comment and decided to measure the new waiver timelines in 3 different indicators.

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WA-39	Applies to all waivers. Effective 7/1/18, for individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to request the Level of Care or to follow the Waiver Non-signature Declination process.	WA 38-40 addresses the new waiver timeline policy. It looks like they could be addressed as one key indicator, not 3.	DDSN has reviewed the comment and decided to measure the new waiver timelines in 3 different indicators.
WA-40	Applies to all waivers. Effective 7/1/18, for individuals awarded a waiver slot within the review period, the waiver enrollment timeline was completed to get the individual enrolled in the waiver.	WA 38-40 addresses the new waiver timeline policy. It looks like they could be addressed as one key indicator, not 3.	DDSN has reviewed the comment and decided to measure the new waiver timelines in 3 different indicators.
WCM-10	Contacts (other than the required monthly contact and required quarterly face to face contact) are recorded as NON- REPORTABLE on CDSS if the required monthly contact and/or quarterly face-to-face visit has not been completed during the month/quarter with the participant/family member, or if the required monthly contact/quarterly visit is not documented in the participant's record within seven (7) calendar days of completion.	Contacts (other than the required monthly contact and required quarterly face to face contact) are recorded as NON- REPORTABLE on CDSS if the required monthly contact and/or quarterly face-to-face visit has not been completed during the month/quarter with the participant/family member, or if the required monthly contact/quarterly visit is not documented in the participant's record within seven (7) calendar days of completion. Does this mean that if a monthly contact and/or quarterly face to face visit is entered late that none of the activities for that quarter could be considered billable? If a contact was made on the 3rd and a quarterly f2f visit isn't scheduled until the 15th how would you know for sure when	There is a note in the guidance for this indicator that "DDSN will announce dates of applicability- Currently not included in Contract Compliance Re7/31/2018July 31, 2018views".

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		you entered the contact note whether or not the activity was billable since you don't know for sure that the scheduled face to face would occur. Would this require CMs to go through every case note to make sure they had not billed for anything during the month that a subsequent lack of activity negated?	
RS2-07	When psychotropic medication is given to address problem behavior that poses a significant risk to the person (i.e., self-injury), others (i.e., physical aggression) or the environment (i.e., property destruction) a Behavior Support Plan that addresses the specific behaviors for which the medication is given must be present.	Question regarding the guidance: **Guidance:** A Behavior Support Plan (BSP) is not required when documentation/ data clearly indicates that the person is not exhibiting behavior that poses significant risk. A BSP is not required when evidence supports that the person has reached the lowest effective dosage based on data. **Question:** Does both caveats have to be present in order to not require a BSP?	Even if the person is not exhibiting behavior that poses a risk, a BSP is required until evidence supports that he/she has reached the lowest effective dosage.
General Questions	Weighted Indicators	Please explain what are weighted indicators	DDSN has designated a select group of indicators that may be weighted for a determination of minimum compliance. The indicators selected will not have a negative effect on Medicaid delivered services and any non-compliance must represent only a fraction of the overall effort. This may include one note or one form out of many.